

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048103

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 538

VS 300  
Rev. 4/59

10941

20940

3

40

51

6

71

82

9157X

10

11

121-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JAN 3 1963

1. PLACE OF DEATH  
a. COUNTY ST. FRAN COISb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Bonne Terre Length of stay in 1b 2 mo's.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Bonne Terre Inside Limits Yes X No2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution)  
a. STATE MO. b. COUNTY ST. FRAN COIS

c. CITY OR TOWN Bismarck Inside Limits Yes X No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First Middle Last Robert Thomas Johnson

4. DATE OF DEATH Month Day Year 12 18 1962

5. SEX MALE 6. COLOR OR RACE White

7. Married Widowed Never Married Divorced

8. DATE OF BIRTH 3-4-1887 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Self-Employed

11. BIRTHPLACE (City and state or country) Forrest City, Ark 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Johnson

13b. MOTHER'S MAIDEN NAME SARAH SPARKS

13c. NAME OF HUSBAND OR WIFE Ruth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Ruth Johnson Address Bismarck, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Intestinal obstruction

INTERVAL BETWEEN ONSET AND DEATH about 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Abdominal carcinomatosis

About 5 mos.

DUE TO (c) Adenocarcinoma of the pancreas

About 6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 7, 1962 to Dec. 18, 1962 and last saw him alive on Dec. 18, 1962

Death occurred at 9:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Burial 12-21-62 MASONIC Bismarck, Mo. Shipman, Son Bismarck, Mo. Dec. 21, 1962 Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 7 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Johnny Shipman, Student Embalmer No. 664  
working under my personal supervision.

Student Johnny Shipman  
Signature of Student Embalmer

Signed

John N. Shipman

Licensed Embalmer No. 4881

P. O. Address BISMARCK, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.